

**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

**In the Matter of the Accusation  
Against:**

**A. Haniffa Cassim, M.D.**

**Physician's and Surgeon's  
Certificate No. A 61999**

**Respondent**

**File No. 05-2006-175321**


**DECISION**

**The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.**

**This Decision shall become effective at 5:00 p.m. on December 6, 2013.**

**IT IS SO ORDERED November 8, 2013.**

**MEDICAL BOARD OF CALIFORNIA**

  
\_\_\_\_\_  
**Barbara Yaroslavsky, Chair  
Panel A**

1 ANNE L. MENDOZA,  
2 State Bar No. 87859  
3 Post Office Box 323  
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7  
8 Attorney for Complainant  
9  
10  
11

12 BEFORE THE  
13 DIVISION OF MEDICAL QUALITY  
14 MEDICAL BOARD OF CALIFORNIA  
15 DEPARTMENT OF CONSUMER AFFAIRS  
16 STATE OF CALIFORNIA  
17

18 In the Matter of the Accusation ) Case No. 05-2006-175321  
19 Against: )  
20 ) OAH No. 2010110367  
21 )  
22 A. HANIFFA CASSIM, M.D. ) STIPULATED SETTLEMENT  
23 ) AND DISCIPLINARY  
24 Physician and Surgeon ) ORDER  
25 Certificate No. A61999 )  
26 Respondent. )  
27

18  
19 IT IS HEREBY STIPULATED AND AGREED by and between the  
20 parties to the above-entitled action by and through their  
21 attorneys that the following matters are true:  
22

23 PARTIES

24 1. Complainant Linda Whitney ("Complainant") is the  
25 Executive Director of the Medical Board of California  
26 ("Board"). This action was brought by the Board's former  
27

1 Executive Director solely in her official capacity.  
2 Complainant is represented in this action by Anne L. Mendoza,  
3 attorney at law.

4 2. Respondent A. Haniffa Cassim, M.D. ("Respondent") is  
5 represented in this action by Bonne, Bridges, Mueller,  
6 O'Keefe & Nichols, a professional corporation, by Peter R.  
7 Osinoff, attorney at law.

8  
9 JURISDICTION

10 3. On April 11, 1997, Respondent was issued physician  
11 and surgeon's certificate number A61999 by the Board. At all  
12 times relevant herein, said certificate was and remains in  
13 full force and effect.

14 4. On April 28, 2009, an Accusation (No. 05-2006-  
15 175321) was filed before the Division of Medical Quality of  
16 the Medical Board of California ("Division"). The Accusation  
17 and all documents required by statute were duly served on  
18 Respondent who filed a timely Notice of Defense.

19  
20 ADVISEMENT AND WAIVERS

21 5. Respondent has counseled with his attorneys  
22 regarding the nature of the charges made in the Accusation  
23 and the effects of this Stipulated Settlement and  
24 Disciplinary Order.

25 6. Respondent has read and understands the charges made  
26 in the Accusation. Respondent further understands that, if  
27

1 proved, these charges would constitute cause to take  
2 disciplinary action against his license to practice medicine.

3 7. Respondent is fully aware of his legal rights in  
4 this matter, including the right to a hearing on the charges  
5 made in the Accusation; the right to be represented by  
6 counsel at his own expense; the right to confront and cross-  
7 examine witnesses who testify against him; the right to  
8 present evidence and testify on his own behalf; the right to  
9 issuance of subpoenas to compel the attendance of witnesses  
10 and the production of books, documents, and other things; the  
11 right to reconsideration and judicial review of an adverse  
12 decision; and all other rights accorded by the Administrative  
13 Procedure Act (Govt. Code section 11500 et seq.) and other  
14 applicable laws.

15 8. Respondent knowingly, voluntarily, and intelligently  
16 waives and gives up each and every right set forth above and  
17 elects to resolve this matter by way of settlement.

18 9. For the purpose of resolving the Accusation without  
19 the expense and uncertainty of further proceedings,  
20 Respondent agrees that Complainant would establish a factual  
21 basis for the charges in the Accusation if this action were  
22 to proceed to a hearing. Respondent hereby gives up his  
23 right to contest those charges.

#### 24 ADMISSIONS

25 10. For the purpose of this proceeding only or any  
26 other proceeding before the Division, Respondent admits that  
27

1 the following facts are true:  
2

3 PATIENT A

4 A. On December 19, 2004, Patient A, a 55 year-old  
5 male inmate of a California prison, was seen by prison  
6 health care personnel based on complaints of aches and  
7 pains, fatigue, fever, chills, and decreased appetite.  
8 On examination, elevations of temperature and blood  
9 pressure were noted and an additional history of  
10 diarrhea, headache, dizziness, and diffuse pain was  
11 elicited. Patient A was diagnosed with viral upper  
12 respiratory infection for which oral fluids and Tylenol  
13 were recommended.

14 B. On December 23, 2004, Patient A was assessed by  
15 prison health care personnel who noted severe diffuse  
16 pain with pleuritic component, shortness of breath,  
17 anorexia for five days, and the inability to ambulate.  
18 Patient A was sent to the Triage Treatment Area ("TTA")  
19 for further treatment and evaluation. In TTA, Patient A  
20 was seen by Respondent who elicited an additional  
21 history of fever, joint pain, anorexia, the inability to  
22 eat for two days, weakness, and a prior hospitalization  
23 for prostatitis/colitis. An assessment of viral illness  
24 was made for which intravenous fluids and Tylenol were  
25 ordered. Orders also included Prilosec and Maalox and a  
26 follow-up in TTA the next day.

27 C. On December 24, 2004, Patient A returned to TTA

1 with complaints of abdominal pain and anorexia for three  
2 days, vomiting, diarrhea, and no urine output since the  
3 previous evening. An additional history of gall stones  
4 was noted. On examination, positive findings of  
5 jaundice, "looks sick," and diffuse abnormal tenderness  
6 were noted. In addition, findings of well hydrated and  
7 stable vitals, not in distress were noted. Respondent  
8 made an assessment of abdominal pain and jaundice and  
9 planned a transfer of the patient to Mercy Hospital  
10 Emergency Room. Respondent made six phone calls to  
11 arrange and follow-up on the transfer.

12 D. Patient A was transferred to Mercy Hospital  
13 where a diagnosis of multiple organ failure and septic  
14 shock was made. Patient A died later that day.

15 E. Respondent failed to document Patient A's  
16 oxygen saturation and periodic reassessments of the  
17 patient's vital signs prior to transferring the patient  
18 to a hospital on December 24, 2004.

19 PATIENT B

20 F. On September 6, 2005, Patient B, a 46 year-old  
21 male inmate of a California prison, presented to  
22 Respondent with a request for more antacids and Pepcid.  
23 Respondent made an assessment of resolved leg edema and  
24 Gastro-Esophageal Reflux Disease ("GERD") for which  
25 Zantac and antacids were ordered. Respondent's history  
26 was brief and focused and did not document a complete  
27

1 medical history including Patient B's chronic medical  
2 problems and history of Hepatitis C.

3 11. Respondent agrees that his physician and surgeon's  
4 certificate is subject to discipline pursuant to Business and  
5 Professions Code section 2266 and he agrees to be bound by  
6 the Division's imposition of discipline as set forth in the  
7 Disciplinary Order below.

8 CONTINGENCY  
9

10 12. This stipulation shall be subject to the approval  
11 of the Division. Respondent understands and agrees that  
12 counsel for Complainant and the Board's staff may communicate  
13 directly with the Division regarding this stipulation without  
14 notice to or participation by Respondent or his counsel. By  
15 signing the stipulation, Respondent understands and agrees  
16 that he may not withdraw his agreement or seek to rescind the  
17 stipulation prior to the time the Division considers and acts  
18 upon it. If the Division fails to adopt this stipulation as  
19 its Decision and Order, the Stipulated Settlement and  
20 Disciplinary Order shall have no force or effect, except for  
21 this paragraph, and it shall be inadmissible in any legal  
22 action between the parties. In addition, the Division shall  
23 not be disqualified from further action by having considered  
24 this matter.

25 13. The parties understand and agree that facsimile  
26 copies of this Stipulated Settlement and Disciplinary Order,  
27

1 including facsimile signatures thereto, shall have the same  
2 force and effect as the original.

3 14. In consideration for the foregoing admissions and  
4 stipulations, the parties agree that the Division may,  
5 without further notice or formal proceeding, issue and enter  
6 the following Disciplinary Order:

7  
8 DISCIPLINARY ORDER

9 A. MEDICAL RECORD KEEPING COURSE

10 Within 60 calendar days of the effective date of  
11 this Decision, Respondent shall enroll in a course in  
12 medical record keeping equivalent to the Medical Record  
13 Keeping Course offered by the Physician Assessment and  
14 Clinical Education Program, University of California,  
15 San Diego School of Medicine ("Program"), approved in  
16 advance by the Board or its designee. Respondent shall  
17 provide the Program with any information and documents  
18 that the Program may deem pertinent. Respondent shall  
19 participate in and successfully complete the classroom  
20 component of the course not later than six (6) months  
21 after respondent's initial enrollment. Respondent shall  
22 successfully complete any other component of the course  
23 within one (1) year of enrollment. The medical record  
24 keeping course shall be at Respondent's expense and  
25 shall be in addition to the Continuing Medical Education  
26 ("CME") requirements for renewal of licensure.



1           A medical record keeping course taken after the  
2           acts that gave rise to the charges in the Accusation,  
3           but prior to the effective date of the Decision may, in  
4           the sole discretion of the Board or its designee, be  
5           accepted towards the fulfillment of this condition if  
6           the course would have been approved by the Board or its  
7           designee had the course been taken after the effective  
8           date of this Decision.

9           Respondent shall submit a certification of  
10          successful completion to the Board or its designee not  
11          later than 15 calendar days after successfully  
12          completing the course, or not later than 15 calendar  
13          days after the effective date of the Decision whichever  
14          is later.

15          B. COMPLIANCE: If Respondent participates in  
16          and completes successfully all phases of the Program  
17          outlined above, a public reprimand pursuant to Business  
18          and Professions Code sections 495 and 2227 in a form  
19          similar to that attached hereto as Annex A shall be  
20          issued to Respondent.

21          C. NONCOMPLIANCE: If Respondent fails to  
22          participate in and complete successfully all phases  
23          of the Program outlined above, respondent and his  
24          attorney agree that all charges and allegations  
25          contained in the Accusation will be deemed to be  
26          admitted and true, and that an administrative hearing  
27



1  
2 I have carefully read the above Stipulated Settlement  
3 and Disciplinary Order and fully discussed it with my  
4 attorneys. I understand the stipulation and the effect it  
5 will have on my physician and surgeon's certificate. I enter  
6 into this Stipulated Settlement and Disciplinary Order  
7 knowingly, voluntarily, and intelligently and agree to be  
8 bound by its terms.

10 Dated: July 07, 2011

*A. Haniffa Cassim*  
A. HANIFFA CASSIM, M.D.  
Respondent

1 PUBLIC REPRIMAND

2 TO: A. HANIFFA CASSIM, M.D.

3 On April 30, 2009, The Medical Board of California filed  
4 an Accusation against your physician's and surgeon's  
5 certificate based on an investigation by the Medical Board of  
6 California regarding treatment provided to patients while you  
7 were employed as a physician in a California State prison.  
8 The facts and circumstances establish that on December 23 and  
9 24, 2004, you failed to document patient A's oxygen  
10 saturation and periodic reassessment of the patient's vital  
11 signs prior to transferring the inmate to a hospital.  
12 Further, on September 6, 2005, you did not document a  
13 complete medical history including chronic medical problems  
14 and a history of hepatitis C regarding patient B who  
15 presented with a request for antacids. These omissions in  
16 the patients' medical records were in violation of Business  
17 and Professions Code section 2266.

18 WHEREFORE: Pursuant to the authority of Business and  
19 Professions Code sections 495 and 2227, and with the  
20 understanding that you have addressed the causes of these  
21 circumstances and that they will not be repeated, the Medical  
22 Board of California hereby issues you this letter of public  
23 reprimand.

24  
25  
26  
27 ANNEX A

1 ANNE L. MENDOZA, (SBN 87859)  
Post Office Box 323  
2 Millbrae, California 94030  
Telephone: (650) 259-9917  
3 Facsimile: (650) 652-5713  
E-mail: annem-323@att.net  
4

5 Attorney for Complainant  
6  
7

8 BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
9 DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA  
10

11 In the Matter of the Accusation ) CASE NO. 05-2006-175321  
Against: )  
12 )  
13 A. HANIFFA CASSIM, M.D. ) ACCUSATION  
Post Office Box 802253 )  
14 Santa Clarita, California 91380 )  
Physician and Surgeon )  
15 Certificate No. A61999 )  
16 Respondent. )  
17

18 Complainant alleges that:  
19

PARTIES

20 1. Complainant, Barbara Johnston, is the Executive  
21 Director of the Medical Board of California, Department of  
22 Consumer Affairs, State of California, and she makes and  
23 files this Accusation solely in her official capacity.

24 2. On or about April 11, 1997, the Medical Board of  
25 California, Department of Consumer Affairs, State of

1 California ("Board") issued physician and surgeon  
2 certificate number A61999 to A. Haniffa Cassim, M.D.  
3 ("Respondent"). At all times herein, said certificate was  
4 and in full force and effect and will expire, unless  
5 renewed, on November 30, 2010.

6 **JURISDICTION**

7 3. This Accusation is brought before the Board  
8 under the authority of Business and Professions Code  
9 sections 2220 and 2234. (All sectional references are to  
10 the Business and Professions Code unless otherwise  
11 indicated.)

12 **STATUTES**

13 4. Section 2227 provides in pertinent part:  
14 "(a) A licensee whose matter has been heard by an  
15 administrative law judge of the Medical Quality  
16 Hearing Panel as designated in Section 11371 of the  
17 Government Code, or whose default has been entered,  
18 and who is found guilty, or who has entered into a  
19 stipulation for disciplinary action with the  
20 division, may, in accordance with the provisions of  
21 this chapter:

22 (1) Have his or her license revoked upon order  
23 of the division.  
24  
25

1           (2) Have his or her right to practice suspended  
2           for a period not to exceed one year upon  
3           order of the division.

4           (3) Be placed on probation and be required to  
5           pay the costs of probation monitoring upon  
6           order of the division.

7           (4) Be publicly reprimanded by the division.

8           (5) Have any other action taken in relation to  
9           discipline as part of an order of probation,  
10          as the division or an administrative law  
11          judge may deem proper.

12          (b) Any matter heard pursuant to subdivision (a),  
13          except for warning letters, medical review or  
14          advisory conferences, professional competency  
15          examinations, continuing education activities, and  
16          cost reimbursement associated therewith that are  
17          agreed to with the division and successfully  
18          completed by the licensee, or other matters made  
19          confidential or privileged by existing law, is  
20          deemed public, and shall be made available to the  
21          public by the board pursuant to Section 803.1"

22          5. Section 2228 provides:

23          "The authority of the board . . . to discipline a  
24          licensee by placing him or her on probation includes,  
25          but is not limited to, the following:

1 (a) Requiring the licensee to obtain additional  
2 professional training and to pass an examination  
3 upon the completion of the training. The  
4 examination may be written or oral, or both, and  
5 may be a practical or clinical examination, or  
6 both, at the option of the board or the  
7 administrative law judge.

8 (b) Requiring the licensee to submit to a  
9 complete diagnostic examination by one or more  
10 physicians and surgeons appointed by the board.  
11 If an examination is ordered, the board shall  
12 receive and consider any other report of a  
13 complete diagnostic examination given by one or  
14 more physicians and surgeons of the licensee's  
15 choice.

16 (c) Requiring or limiting the extent, scope, or  
17 type of practice of the licensee, including  
18 requiring notice to applicable patients that the  
19 licensee is unable to perform the indicated  
20 treatment, where appropriate.

21 (d) Providing the option of alternative community  
22 service in cases other than violations relating  
23 to quality of care.

24 ///



1           6. Section 2234 provides:

2           "The Division of Medical Quality shall take action  
3           against any licensee who is charged with  
4           unprofessional conduct. In addition to other  
5           provisions of this article, unprofessional conduct  
6           includes, but is not limited to, the following:

7           (b) Gross negligence.

8           (c) Repeated negligent acts. To be repeated,  
9           there must be two or more negligent acts or  
10          omissions. An initial negligent act or omission  
11          followed by a separate and distinct departure from  
12          the applicable standard of care shall constitute  
13          repeated negligent acts.

14               (1) An initial negligent diagnosis  
15               followed by an act or omission  
16               medically appropriate for that  
17               negligent diagnosis of the patient  
18               shall constitute a single negligent  
19               act.

20               (2) When the standard of care requires a  
21               change in the diagnosis, act, or  
22               omission that constitutes the  
23               negligent act described in paragraph  
24               (1), including, but not limited to, a  
25               reevaluation of the diagnosis or a

1 change in treatment, and the  
2 licensee's conduct departs from the  
3 applicable standard of care, each  
4 departure constitutes a separate and  
5 distinct breach of the standard of  
6 care.

7 7. Section 2266 provides:

8 "The failure of a physician and surgeon to  
9 maintain adequate and accurate records relating to  
10 the provision of services to their patients  
11 constitutes unprofessional conduct."

12 **FIRST CAUSE FOR DISCIPLINARY ACTION**

13 (Gross Negligence - Patient A)

14 8. Respondent is subject to disciplinary action for  
15 unprofessional conduct pursuant to Business and Professions  
16 Code section 2234, subd. (b), as follows:

17 A. On December 19, 2004, Patient A, a 55 year-  
18 old male inmate of a California prison, was seen by  
19 health care personnel based on complaints of aches and  
20 pains, fatigue, fever, chills, and decreased appetite.  
21 On examination, elevations of temperature and blood  
22 pressure were noted and an additional history of  
23 diarrhea, headache, dizziness, and diffuse pain was  
24 elicited. Patient A's weight was not recorded.  
25 Patient A was diagnosed with viral upper respiratory

1 infection for which oral fluids and Tylenol were  
2 recommended.

3 B. Four days later on December 23, 2004, Patient  
4 A was assessed by prison health care personnel who  
5 noted severe diffuse pain with a pleuritic component,  
6 shortness of breath, anorexia for five days, and the  
7 inability to ambulate. Patient A was sent to the  
8 Triage Treatment Area ("TTA") for further treatment  
9 and evaluation. In TTA Patient A was seen by  
10 Respondent who elicited an additional history of  
11 fever, joint pain, anorexia, the inability to eat for  
12 two days, weakness, and a prior hospitalization for  
13 prostatitis/colitis. No assessment of Patient A's  
14 inability to ambulate was made. Weight was not  
15 recorded. An assessment of viral illness was made for  
16 which intravenous fluids and Tylenol were ordered.  
17 Orders also included Prilosec and Maalox and a follow-  
18 up in TTA the next day.

19 C. On December 24, 2004, Patient A returned to  
20 TTA with complaints of abdominal pain and anorexia for  
21 three days, vomiting, diarrhea, and no urine output  
22 since the previous evening. An additional history of  
23 gall stones was noted. Weight was not recorded. On  
24 examination, positive findings of jaundice, "looks  
25 sick," and diffuse abdominal tenderness were noted.

1 In addition, findings of well hydrated and stable  
2 vitals, not in distress were noted. Respondent made  
3 an assessment of abdominal pain and jaundice and  
4 planned a transfer of the patient to Mercy Hospital  
5 Emergency Room. While Respondent documented six phone  
6 calls attempting to arrange the transfer, he did not  
7 order further treatment for Patient A. Neither did  
8 Respondent make any further assessment of Patient A's  
9 vital signs.

10 D. Patient A was transferred to Mercy Hospital  
11 where a diagnosis of multiple organ failure and septic  
12 shock was made. Patient A died later that day.

13 E. Respondent's care and treatment of Patient A  
14 constitute gross negligence as follows:

15 (1) Respondent failed to document on exam  
16 the ambulatory status of a patient who  
17 gave a history of an inability to  
18 ambulate.

19 (2) Pending the arrival of ambulance  
20 personnel on December 24, 2004,  
21 respondent:

22 (a) Failed to make any effort to  
23 stabilize Patient A;

24 (b) Failed to begin parenteral fluid  
25

1 resuscitation when Patient A had  
2 abdominal pain and orthostatic  
3 pulse changes;

4 (c) Failed to assess Patient A's  
5 oxygen saturation to determine if  
6 supplemental oxygen was needed;  
7 and

8 (d) Failed to document periodic  
9 reassessments of Patient A's vital  
10 signs between the time that  
11 Patient A's transfer was first  
12 requested at 8:55 a.m., the time  
13 that transfer was approved at  
14 10:15 a.m., and the time  
15 (undocumented) that the ambulance  
16 arrived.

17 **SECOND CAUSE FOR DISCIPLINARY ACTION**

18 (Gross Negligence - Patient D)

19 9. Respondent is subject to disciplinary action  
20 for unprofessional conduct pursuant to section 2234, subd.  
21 (b), as follows:

22 A. Patient D, a 45 year-old male inmate of a  
23 California prison, was seen by Respondent on October  
24 26, 2005 for foot pain for which a podiatry  
25 consultation was recommended. Respondent elicited a

1 history of momentary chest pains. There was no  
2 comprehensive inquiry into chronic medical problems or  
3 past medical history. A history of coronary artery  
4 disease was not documented. Neither were vital signs  
5 recorded. An EKG and cholesterol blood test were  
6 ordered. Follow-up was not specified. The EKG showed  
7 inferior Q waves consistent with a past heart attack  
8 but there was no documented review of the tracing or  
9 interpretation recorded in the records.

10 B. Patient D was next seen by Respondent on  
11 November 18, 2005 for follow-up. No complaints were  
12 noted. A history of heart disease was documented.  
13 Neither vital signs nor weight were recorded. A  
14 diagnosis of elevated cholesterol was made for which  
15 aspirin, nitroglycerine, a cholesterol lowering agent,  
16 and blood tests to monitor liver inflammation were  
17 recommended.

18 C. On January 5, 2006, Patient D presented for  
19 urgent care with chest pain which was relieved by  
20 nitroglycerine and aspirin. Patient D was transported  
21 to TTA. An assessment was made by nursing staff.  
22 There was no documented exam by respondent.

23 D. On January 6, 2006, Patient D was seen by  
24 another physician who documented a planned stress  
25 test.

1           E. Respondent's care and treatment of Patient D  
2           constitute gross negligence in that he failed to  
3           evaluate Patient D in person on January 5, 2006. Such  
4           evaluation should have included a detailed history of  
5           the character and duration of the chest pain; a  
6           physical examination documenting cardiac and pulmonary  
7           findings; an in person review of the EKG tracing; and,  
8           if the evaluation suggested a change in the frequency  
9           of angina, angina at rest or a new episode of angina  
10          in a patient who had not been having angina regularly,  
11          transfer of the patient to an acute care inpatient  
12          facility for monitoring of telemetry, cardiac enzymes,  
13          and risk stratification.

14          **THIRD CAUSE FOR DISCIPLINARY ACTION**

15          (Gross Negligence - Patient E)

16          10. Respondent is subject to disciplinary action for  
17          unprofessional conduct pursuant to section 2234, subd. (b),  
18          as follows:

19               A. Patient E, a 26 year-old inmate of a  
20               California prison, had a history of left knee injury  
21               pending orthopedic consultation, blood in his urine,  
22               kidney pain, nonsteroidal anti-inflammatory drug  
23               induced renal insufficiency with a stable elevation of  
24               creatinine, and hypertension controlled by medication.  
25

1           B. Patient E first presented to Respondent in  
2 TTA on October 11, 2005, with complaints of kidney  
3 pain, lying on his cell floor, and blood in his urine.  
4 The patient's chart was not available. The patient  
5 reported a pending ultrasound. A diagnosis of  
6 muscular pain was made and parenteral Toradol was  
7 administered. Patient E was advised to follow-up with  
8 his primary care physician.

9           C. The next day on October 12, 2005, Patient E  
10 was observed in his cell, lying on the floor on his  
11 mattress and he was transported to TTA after  
12 complaining of kidney pain. Patient E was evaluated  
13 by a nurse who noted that he was bent over in pain.  
14 There was no further exam and no vital signs were  
15 recorded. Parenteral Toradol was ordered by Respondent  
16 by telephone. Respondent also ordered "RTC" and  
17 nursing staff documented a plan to force fluids.  
18 There was no documented examination by respondent.

19           D. Thereafter, in October, November, and  
20 December 2005, Patient E was seen by other health care  
21 personnel for various reasons that included a hunger  
22 strike, pain in his left knee, left flank pain, and  
23 blood in his urine. Respondent requested an  
24 orthopedic referral on November 28, 2005.  
25



1           E. On December 7, 2005, Patient E was last seen  
2 by Respondent in TTA for left anterior chest pain  
3 worse with movement and focal tenderness on palpation.  
4 It was noted that an EKG showed no ischemic changes.  
5 Blood pressure was intermittently mildly elevated.  
6 The remainder of the exam was unremarkable. A  
7 diagnosis of chest pain was made and analgesics were  
8 ordered.

9           F. Respondent's care and treatment of Patient E  
10 constitute gross negligence in that he failed to  
11 examine Patient E in person on October 12, 2005 when  
12 the differential diagnosis included kidney infection  
13 or unrelated, abdominal disease.

14           **FOURTH CAUSE OF ACTION**

15           (Repeated Negligent Acts - Patients A, B, D, E)

16           11. Respondent is subject to disciplinary action for  
17 unprofessional conduct pursuant to section 2234, subd. (c),  
18 as follows:

19           A. On September 6, 2005, Patient B, a 46 year-  
20 old male inmate of a California prison, presented to  
21 Respondent with a request for more antacids and  
22 Pepcid. Respondent made an assessment of resolved  
23 leg edema and Gastro-Esophageal Reflux Disease  
24 ("GERD") for which Zantac and antacids were ordered.  
25 Respondent's history was brief and focused and did

1 not document Patient B's chronic medical problems or  
2 past medical history, including his decade's long  
3 history of Hepatitis C. On examination, Respondent  
4 did not include the patient's abdominal region or  
5 gastrointestinal system relevant to the medications  
6 ordered. Neither did Respondent document the  
7 patient's vital signs.

8 B. On September 9, 2005 and September 12, 2005,  
9 Respondent saw Patient B in follow-up and admitted  
10 Patient B to a correctional treatment center  
11 ("CTC"). Subjective complaints of severe jaundice  
12 and pruritis all over the body with scratch marks  
13 were documented. A diagnosis of Acute Hepatitis C  
14 with Jaundice, GERD, Pruritis, and Hemorrhoids was  
15 made for which Zantac, antacids; Neosporin,  
16 suppositories, a low protein diet, and an abdominal  
17 ultrasound were ordered.

18 C. The next day, Patient B's care was assumed by  
19 another physician and the patient never returned to  
20 Respondent's care.

21 D. Respondent's care and treatment of Patients  
22 A, B, D, and E, constituted repeated negligent acts  
23 as follows:

- 24 (1) Respondent failed to conduct an adequate  
25 in-patient evaluation of Patient B on his

1 admission to CTC. Specifically, the  
2 admitting history and physical did not  
3 document medications, allergies, family  
4 history, social history, review of systems,  
5 vital signs, weight or neurological status.  
6 Evaluation of liver and spleen size was not  
7 included in the assessment of the abdomen.  
8 While there was an acknowledgment of labs  
9 previously drawn, there was no comment on  
10 their availability or results which  
11 included a dramatically abnormal direct  
12 bilirubin and lesser abnormalities of low  
13 platelets as well as elevations of  
14 transaminases and alkaline phosphatase.

15 (2) The allegations set forth in paragraph 8,  
16 subparagraphs A through E, are incorporated  
17 herein by reference as though fully set  
18 forth.

19 (3) The allegations set forth in paragraph 9,  
20 subparagraphs A through E, are incorporated  
21 herein by reference as though fully set  
22 forth.

23 (4) The allegations set forth in paragraph 10,  
24 subparagraphs A through F, are incorporated  
25

1                   herein by reference as though fully set  
2                   forth.

3                   **FIFTH CAUSE FOR DISCIPLINARY ACTION**

4                   (Failure to Maintain Adequate Records - Patient A)

5                   12. Respondent is subject to disciplinary action for  
6 unprofessional conduct pursuant to section 2266 as follows:

7                   A. The allegations set forth in paragraph 8,  
8 subparagraphs A through E, are incorporated herein as  
9 though fully set forth.

10                  **SIXTH CAUSE FOR DISCIPLINARY ACTION**

11                  (Failure to Maintain Adequate Records - {Patient B)

12                  13. Respondent is subject to disciplinary action for  
13 unprofessional conduct pursuant to section 2266 as follows:

14                  A. The allegations set forth in paragraph 11,  
15 subparagraphs A through D(1), are incorporated herein  
16 as though fully set forth.

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Dated: April 30, 2009

*Barbara Johnston*  
BARBARA JOHNSTON *per*  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
  
Complainant